

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040995

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

294

Primary Registration District No.

3056

Registrar's No.

229

FILED OCT 16 1963

1. PLACE OF DEATH

a. COUNTY

Randolph

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Moberly

Length of stay in 1b
65 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Randolph

c. CITY OR TOWN Moberly

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Whitaker Hospital

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
109 S. 4th

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Thresa

Middle Stewart

Last Blankenship

4. DATE OF DEATH
Month 10 Day 14 Year 63

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5/6/1875

9. AGE (last birthday)

88

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

seamstres

10b. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (City and state or country)

Denville, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George McCarty

13b. MOTHER'S MAIDEN NAME

Elsie Culpepper

14. NAME OF HUSBAND OR WIFE

Lee M. Blankenship

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Elsie McLaughlin Moberly, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Circulatory Failure (1 Week) 795

INTERVAL BETWEEN ONSET AND DEATH

1 Week

DUE TO (b) Myocarditis (5 Years) 422

5 Years

DUE TO (c) Arteriosclerosis (10 Years)

10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic Brain Syndrome associated with Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/13/63 to 10/14/63 and last saw her alive on 10/14/63
Death occurred at 1:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
E. T. Whitaker D.O.

22b. ADDRESS
205 S. Fifth, Moberly, Mo.

22c. DATE SIGNED
10/15/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
10/16/63

23c. NAME OF CEMETERY OR CREMATORY
Montgomery City Cem

23d. LOCATION (City, town, or county) (State)
Montgomery City, Mo.

24. FUNERAL DIRECTOR ADDRESS
Million & Greer Moberly, Mo.

25. DATE RECD. BY LOCAL REG.
10-15-63

26. REGISTRAR'S SIGNATURE
W. Edith White

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 0887

2 0887

3

4 1

5 2

6

7 0

8 2

4/22/1

10

11

12 4-2

13 30

OCT 22 1963

1023
1023
1023

1 0 0 0

Permit renewed 10-15-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3815

P. O. Address Moberly, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.